

**RHODE ISLAND – MEDICARE PART B
CY 09 MEDICARE FEE SCHEDULE
LOCALITY 01**

NOTE	PROCEDURE CODE	PAR AMOUNT	NONPAR AMOUNT	LIMITING CHARGE
	98940	25.43	24.16	27.78
*	98940	21.51	20.43	23.50
	98941	35.09	33.34	38.34
*	98941	31.17	29.61	34.05
	98942	45.85	43.56	50.09
*	98942	41.92	39.82	45.80

*These fees apply when service is performed in a facility setting.

Limiting Charge applies to unassigned claims by non-participating providers.

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